

## BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7	1					
8		1				
9		2				
10	1					
11						
12						
13	1					
14						
15						
16						
17						
18						
19	1					
20	1					
21	1					
22						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	10					
TOTAL DEP.	15	1	1			
TOTAL CLAIMS	24					